of residence i	or candidates) for the nomination of sucl	Position Place of Residence (also Po	named person (or persons) as party position of such party. st Office address if not identical) Cedar Lane 15e voor + Ny 18831
margan	ret Brady 16 Joh ne Tracy 6 Wa n Donohue 10 Me	s of at least three persons, all of whom shall in St. S. Glens Falls shown St. S. Glens Falls adow Dr. S. Glens adow Dr. S. Glens	be enrolled voters of said party),
as a committe	ee to fill vacancies in accordance with the WHEREOF, I have hereunto set my ha	e provisions of the election law. and, the day and year placed opposite my	
Date	Name of Signer (signature required) (printed name may be added)	Residence	Enter Town or City Except in NYC enter County
1. Printed Name	Florence Green	Le Charles St. So. Glens Falls	moreau
2. Printed Name	Lori Mc Farren	30 Charles St. 30. Gens Falls	moreau
3. Printed Name	Brian, McFarren	50. Clars Falls	Moreau
4. Printed Name	Ausan Morean	33 Charlus St-180.	Moceau
5. Printed Name			Moreau
6. Printed Name			moreau
7. Printed Name			moreau
inted Name			moreau
inted Name			Moreau
0.			moreau
inted Name		r more signature lines - this is only to show format.) lete ONE of the following	
h of the indivision of the ind	procence on the dates above indicated	o this petition sheet containing (fill in more and identified himself or herself to be all purposes as the equivalent of an affid	the mailing with a president
ling with the	Signature of Witness TIFICATION INFORMATION: The board of elections in order for this Marcana	e following information for the witness	named above must be completed p
ining (fill in	ove indicated before me personally	LIC OR COMMISSIONER OF DEE y came each of the voters whose sig gned same in my presence and who, be nd subscribed by him or her was true	eing by me duly sworn, each for his
te	Signature and Office	cial Title of Officer Administering Oath	
a (6/2007)	(Sample p	orepared by the State Board of Elections)	Sheet No. 31